Health Status (HE) Section

BOX_01 =====	
	NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK THIS SECTION FOR DECEASED PERSONS.
	NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY ROUND.
	NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS FOLLOWS: 1 = LESS THAN 1 YEAR OLD 2 = 1-4 3 = 5-15 4 = 16-23 5 = 24-34 6 = 35-44 7 = 45-54 8 = 55-64 9 = 65 YEARS OLD OR OLDER
	IF ROUND 3, CONTINUE WITH HE00A
'	

OTHERWISE, GO TO HE01

CONTINUE WITH HE00B

HE	0	0	Α
	_	_	_

{STR-DT} {END-DT}

Has anyone in the family lost all of his or her **adult** teeth? Do not count as 'lost', missing wisdom teeth, 'baby' teeth, or teeth which were pulled for orthodontia (straightening the teeth).

	YES 1 NO 2 {HE01} REF -7 {HE01} DK -8 {HE01}
- -	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'LOST ALL ADULT TEETH' AT HE00B BY CAPI AND GO TO HE01
- 	IF CODED '1' (YES) AND A MULTI-PERSON RU,

HE00B

{STR-DT} {STR-DT}

Who is that?

PROBE: Who in the family has lost all of their adult teeth? Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

HE	01	
==	==	

{STR-DT} {END-DT}

The next few questions are about difficulties people may have with everyday activities such as getting around, bathing or taking medications. We are interested in difficulties due to an impairment or a physical or mental health problem.

Does anyone in the family receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping?

YES	1	
NO	2	{HE04}
REF		
DK	-8	{HE04}

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

| IF CODED '1' (YES) AND A SINGLE PERSON RU, | AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT | | HE02 BY CAPI AND GO TO HE04

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE | WITH HE02

HE02

{STR-DT} {END-DT}

HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING SHOPPING.

Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RUMEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
SUPPLEMENT: IADL SECTION.

L	0	0	Ρ	_	0	1
=	=	=	=	=	=	=

_					
	FOR EACH ELEMENT ASK HE03 - END_LP		J-MEMBERS-	ROSTER,	
_					
	LOOP DEFINITION: < 13 YEARS OF AGE	-			

LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (I.E., PERSON SELECTED AT HE02)
- PERSON < 13 YEARS OF AGE OR IN AGE CATEGORY 1-3

HE03

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping because of an impairment or a physical or mental health problem?

YES		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	-	1
NO .																																		2	2
REF																																		- 5	7
DK .																																		- 8	3

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: IADL SECTION.

5-5

ND_LP01	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH HE04
E04 ===	
	{STR-DT} {END-DT}
	Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around th house?
	YES 1 NO 2 {BOX_02} REF -7 {BOX_02} DK -8 {BOX_02}
	PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT HE05 BY CAPI AND GO TO BOX_02
	IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HE05

{STR-DT} {END-DT}

HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING, DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

PROBE: Does anyone else receive help or supervision with personal care?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
SUPPLEMENT: ADL SECTION.

L	0	0	Ρ	_	0	2
=	=	=	=	=	=	=

- :	FOR EACH	IN	THE	RU-MEMBERS-ROSTER,	ASK

LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS |
< 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH|
PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) |
BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL |
HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS |
WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP OR SUPERVISION WITH
 PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING,
 THAT IS, THE PERSON IS SELECTED AT HE05)
- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-3

HE06

 $\{ \texttt{PERSON'S FIRST MIDDLE AND LAST NAME} \} \quad \{ \texttt{STR-DT} \}$

(Do/Does) (PERSON) receive help or supervision with personal care such as bathing, dressing or getting around the house because of an impairment or a physical or mental health problem?

YES	•	 •	•	•		•	•	•	•	•	•	•	•	•	•	•		 •	•	•	•	•	•	•	•	•	•	•	•]	L
NO .					 																									2	2
REF					 																									- 7	7
DK .					 																									- 8	3

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: ADL SECTION.

END_LP02	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_02
BOX_02 =====	
	IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH HE07

WITH HE08

HE07	
====	
	{STR-DT} {END-DT}
	Does anyone in the family use any aids such as a walker, bars in the bathtub or any other special equipment for personal care or everyday activities?
	YES 1 NO 2 {HE09} REF -7 {HE09} DK -8 {HE09}
	PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08 BY CAPI AND GO TO HE09

grab

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE

{STR-DT} {END-DT}

USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

PROBE: Does anyone else use any aids for personal care or everyday activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |

AIDS/SPECIAL EQUIPMENT SECTION.

HE09	
====	
	{STR-DT}

Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

YES	 		 	 	 	 	. 1	
NO	 		 	 	 	 	. 2	{HE19}
REF	 		 	 	 	 	-7	{HE19}
DK	 		 	 	 	 	-8	{HE19}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, | AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' | | AT HE10 BY CAPI AND GO TO LOOP_03

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE| WITH HE10 |

{STR-DT} {END-DT}

DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?

PROBE: Does anyone else have difficulties doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
SUPPLEMENT: FUNCTIONAL LIMITATIONS SECTION.

LOOP_03

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE11 - END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON |
THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS |
PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF |
AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |
FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON SELECTED AT HE10)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE CATEGORIES 4-9

BOX_03

OMITTED.

SHOW CARD HE-1.

{For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}

Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY 3
COMPLETELY UNABLE TO DO IT 4
REF7
DK8

[Code One]

DISPLAY 'For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}' IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU, USE A NULL DISPLAY.

HE12 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have walking up 10 steps without resting?
	PROBE: Would you say no difficulty, some difficulty, a lot difficulty, or completely unable to do it?
	IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO WALK, CODE 5.
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 COMPLETELY UNABLE TO WALK 5 REF -7 DK -8
	[Code One]
	IF CODED '5' (COMPLETELY UNABLE TO WALK), AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS '4' (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO TO HE17

of

OTHERWISE, CONTINUE WITH HE13

{PERSO	ON'S FIRST MIDDLE AND LAST NAME} {STR-DT} OT}
SHOW C	CARD HE-1.
	uch difficulty (do/does) (PERSON) have walking about 3 blocks or about a quarter of a mile?
	Would you say no difficulty, some difficulty, a lot culty, or completely unable to do it?
S <i>P</i> C R	NO DIFFICULTY
	[Code One]
 	IF CODED '4' (COMPLETELY UNABLE TO DO IT), AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO TO HE15
 I	OTHERWISE, CONTINUE WITH HE14

HE14 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have walking a mile?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 REF -7 DK -8
	[Code One]
HE15	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have standing for about 20 minutes?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY

[Code One]

HE16 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have bending down or stooping from a standing position to pick up an object from the floor or tie a shoe?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 REF -7 DK -8
	[Code One]
HE17 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 REF -7 DK -8

5-19

[Code One]

HE18	
====	

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY	. 1
SOME DIFFICULTY	. 2
A LOT OF DIFFICULTY	. 3
COMPLETELY UNABLE TO DO IT	. 4
REF	-7
DK	-8

[Code One]

END_LP03

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO | MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | END LOOP_03 AND CONTINUE WITH HE19 |

HE19 ====	
	{STR-DT} {END-DT}
	Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?
	YES 1 NO 2 {HE22} REF -7 {HE22} DK -8 {HE22}
	PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT HE20 BY CAPI AND GO TO LOOP_04
	IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE20

HE20

{STR-DT} {END-DT}

LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: WORK-HOUSEWORK-SCHOOL LIMITATIONS SECTION.

LOOP_04

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
HE20A - END_LP04

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON |
WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN |
IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM |
FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP |
CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING |
CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

BOX_04

OMITTED.

HE20A

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

CODE ALL THAT APPLY.

WORKING AT A JOB	1
DOING HOUSEWORK	2
GOING TO SCHOOL	3
REF	-7
DK	-8

[Code All That Apply]

HE21 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	{At the time (PERSON) entered the institution, was/(Are/Is)} (PERSON) completely unable to {work at a job}{,/ and} { do housework}{ and}{ go to school}?
	YES
	DISPLAY 'At the time (PERSON) entered the institution, was'. IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE. DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU.

DISPLAY 'work at a job' IF HE20A IS CODED '1' (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7'

(REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '1', '-7', OR '-8', USE A NULL DISPLAY.

DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR IF HE20A IS CODED EITHER '-7' OR '-8'.

DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER '2' OR '3'. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ' do housework' IF HE20A IS CODED '2' (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '2', '-7', OR '-8', USE A NULL DISPLAY.

DISPLAY 'and' IF ONLY CODES '2' AND '3' ARE SELECTED AT HE20A OR IF CODES '1', '2', AND '3' ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7' OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'go to school' IF HE20A IS CODED '3' (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '3', '-7', OR '-8', USE A NULL DISPLAY.

END_LP04

CYCLE ON NEYT DEDGON IN THE DILMEMBERG DOCTED WHO

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO | MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | END LOOP_04 AND CONTINUE WITH HE22

Η	E	2	2
=	=	=	=

{STR-DT} {END-DT}

Besides the limitations we just talked about, is anyone in the family limited in participating in social, recreational or family activities because of an impairment or a physical or mental health problem?

YES	1	
NO	2	{HE24}
REF	.7	{HE24}
DK	8	{HE24}

PRESS F1 FOR DEFINITION OF LIMITED IN PARTICIPATING.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, | AUTOMATICALLY CODE PERSON AS 'LIMITED IN | PARTICIPATION' AT HE23 BY CAPI AND GO TO HE24

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE | WITH HE23

{STR-DT} {END-DT}

LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in participation in activities because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS |
OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC |
SUPPLEMENT: SOCIAL LIMITATIONS SECTION.

```
HE24
====
          {STR-DT}
         {END-DT}
         Do any of the adults in the family...
         (1 = YES, 2 = NO)
                            YES
                                NO REF DK
HE24_01
======
         Experience confusion
         or memory loss such
         that it interferes
         with daily
                      1 2 -7 -8
         activities?
HE24_02
======
         Have problems making
         decisions to the
         point that it
         interferes with
         daily activities? 1 2 -7 -8
HE24_03
======
         Require supervision
         for their own safety? 1 2
             _____
             IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES)
              AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS
              'EXPERIENCES CONFUSION' AT HE25 BY CAPI AND GO TO
             _____
             IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED '2'
              (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO
            BOX_05
```

OTHERWISE, CONTINUE WITH HE25

HE25

{STR-DT} {END-DT}

{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES}{ $\{/\}$ HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES} $\{\{/\}$ REQUIRE SUPERVISION FOR THEIR OWN SAFETY}

Who is that?

PROBE: Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {{or }have problems making decisions to the point that it interferes with daily activities} {{or }require supervision for their own safety}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU |
MEMBERS

DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24 01 CODED '1' (YES).

DISPLAY ' $\{/\}$ HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY ' $\{/\}$ REQUIRE SUPERVISION FOR THEIR OWN SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such that it interferes with daily activities' IF $\rm HE24_01\ CODED\ '1'\ (YES)$.

DISPLAY '{or }have problems making decisions to the point that it interferes with daily activities' IF HE24_02 CODED '1' (YES). DISPLAY THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{or }require supervision for their own safety' IF HE24_03 IS CODED '1' (YES). DISPLAY 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS | OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC | SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.

BOX_05

NO FURTHER HEALTH STATUS QUESTIONS ARE ASKED DURING ROUND 1 AND ROUND 3. GO TO BOX_10

{STR-DT} {END-DT}

Does anyone in the family wear eyeglasses or contact lenses?

 YES
 1

 NO
 2 {HE28}

 REF
 -7 {HE28}

 DK
 -8 {HE28}

IF CODED '1' (YES) AND A SINGLE-PERSON RU,
AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO
TO HE28

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE27

HE27

{STR-DT} {END-DT}

Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RUMEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

HE28	
	{STR-DT} {END-DT}
	Does anyone in the family have any difficulty seeing{[with glasses or contacts, if they use them]}?
	YES 1 NO 2 {HE33} REF -7 {HE33} DK -8 {HE33}
	DISPLAY '[with glasses or contacts, if they use them]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT HE29 BY CAPI AND GO TO LOOP_05
	IF CODED '1' (YES) AND A MULTI-PERSON RU,

{STR-DT} {END-DT}

DIFFICULTY SEEING [[WITH GLASSES OR CONTACTS, IF THEY USE THEM]].

Who is that?

PROBE: Does anyone else have any difficulty seeing{[with glasses or contacts, if they use them]}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

DISPLAY '[WITH GLASSES OR CONTACTS, IF THEY USE THEM]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. Display '[with glasses or contacts, if they use them]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

LOOP_05

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE30 - END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS VISION
IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY
SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET
THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY SEEING (I.E., PERSON SELECTED AT HE29)

HE30 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?
	YES 1 NO 2 REF -7 DK -8
	PRESS F1 FOR DEFINITION OF BLIND.
	IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION AND GO TO END_LP05
	OTHERWISE, CONTINUE WITH HE31
HE31 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	{With glasses or contacts, can/Can} (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?
	YES
	DISPLAY 'With glasses or contacts, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.

HE32	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	{With glasses or contacts, can/Can} (PERSON) see well enough to recognize familiar people if they are two or three feet away?
	YES
	DISPLAY 'With glasses or contacts, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.
	IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION.
END_LP05 ======	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS,

END LOOP_05 AND CONTINUE WITH HE33

HE33	
	{STR-DT} {END-DT}
	Does anyone in the family wear a hearing aid?
	YES 1 NO 2 {HE35} REF -7 {HE35} DK -8 {HE35}
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AT HE34 BY CAPI AND GO TO HE35
	IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE34
HE34 ====	
	{STR-DT} {END-DT}
	Who is that?
	PROBE: Does anyone else wear a hearing aid?
	TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.
	<pre>[1. First Name,[Middle Name],Last Name-65] [2. First Name,[Middle Name],Last Name-65] [3. First Name,[Middle Name],Last Name-65]</pre>
	ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.
	FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT:

HEARING SECTION.

HE35 ====	
	{STR-DT} {END-DT}
	Does anyone in the family have any difficulty hearing{[with a hearing aid, if they use one]}?
	YES 1 NO 2 {BOX_10} REF -7 {BOX_10} DK -8 {BOX_10}
	DISPLAY '[with a hearing aid, if they use one]' IF HE33 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'HEARING IMPAIRED' AT HE36 BY CAPI AND GO TO LOOP_06

CONTINUE WITH HE36

IF CODED '1' (YES) AND A MULTI-PERSON RU,

HE36

{STR-DT} {END-DT}

DIFFICULTY HEARING {[WITH A HEARING AID, IF THEY USE ONE]}.

Who is that?

PROBE: Does anyone else have any difficulty hearing{[with a hearing aid, if they use one]}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-

MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

DISPLAY '[WITH A HEARING AID, IF THEY USE ONE]'
IF HE33 IS CODED '1' (YES). OTHERWISE USE A NULL
DISPLAY. DISPLAY '[with a hearing aid, if they
use one]'. IF HE33 IS CODED '1' (YES).
OTHERWISE, USE A NULL DISPLAY.

LOOP_06

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE37 - END_LP06

LOOP DEFINITION: LOOP_06 COLLECTS HEARING IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY HEARING (I.E., PERSON SELECTED AT HE36)

====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	<pre>Can (PERSON) not hear any speech at all, that is, (are/is) (PERSON) deaf?</pre>
	YES 1 NO 2 REF -7 DK -8
	PRESS F1 FOR DEFINITION OF DEAF.
	IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION AND GO TO END_LP06
	OTHERWISE, CONTINUE WITH HE38
не38	
====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	{With a hearing aid, can/Can} (PERSON) hear most of the things people say?
	YES
	DISPLAY 'With a hearing aid, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.

HE39	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	$\{\mbox{With a hearing aid, can/Can}\}$ (PERSON) hear $\mbox{\bf some}$ of the things people say?
	YES
	DISPLAY 'With a hearing aid, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.
	IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION.
END_LP06	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_10
BOX_06 =====	OMITTED.
HE40 ====	OMITTED.

HE41 ====	OMITTED.
LOOP_07	OMITTED.
HE42 ====	OMITTED.
HE43 ====	OMITTED.
HE44 ====	OMITTED.
HE44OV =====	OMITTED.
END_LP07	OMITTED.
BOX_07	OMITTED.
LOOP_08	OMITTED.

HE45 ====	OMITTED.
HE46 ====	OMITTED.
HE47 ====	OMITTED.
HE48 ====	OMITTED.
HE49 ====	OMITTED.
HE49A =====	OMITTED.
END_LP08	OMITTED.
BOX_08 =====	OMITTED.
LOOP_09	

OMITTED.

HE50 ====	OMITTED.
HE51 ====	OMITTED.
HE52 ====	OMITTED.
HE52OV =====	OMITTED.
HE52A ====	OMITTED.
HE52B ====	OMITTED.
HE52BOV ======	OMITTED.
HE53	OMITTED.
HE54 ====	OMITTED

HE54OV =====	OMITTED.
END_LP09 ======	OMITTED.
BOX_09 =====	OMITTED.
LOOP_10 ======	OMITTED.
HE55 ====	OMITTED.
HE55_01 =====	OMITTED.
HE55_02 ======	OMITTED.
HE55_03 ======	OMITTED.
HE56	OMITTED.

HE56_01	
	OMITTED.
HE56_02 ======	OMITTED.
HE57 ====	OMITTED.
HE57_01 ======	OMITTED.
HE57_02	OMITTED.
END_LP10 ======	OMITTED.
BOX_10	
	GO TO NEXT QUESTIONNAIRE SECTION